## Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300 Organization / Providing Materials / Notification \* Organizational form provided to candidate or committee (M101, M101BQ, M101PC) Campaign finance report form provided to candidate or committee (M102) Summary of the campaign finance law provided (OCPF guide booklet) Filing notice (includes reporting dates, due dates and language concerning late fines) Pre-Preliminary Pre-Election 30-Day Year-end \*All forms, guides and notices can be delivered by e-mail **Inspecting Reports** The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date. Correct dates for the relevant reporting period Positive ending balance grd balance If the M102-0 form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence. Contributions (Monetary receipts and in-kind contributions) Names and Addresses for contributions of more than \$50 Occupation and Employer for contributions of \$200 or more No contributions from corporations, business partnerships, LLCs or LLPs No contributions from individuals for more than \$1,000 (see OCPF's limits chart for other limits) Expenditures Vendor Names and Addresses for expenditures of more than \$50 Purpose information is disclosed Reimbursements form (R-1s) filed for reimbursements Date of Inspection 2/9 | 22



## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Rep	porting Period dates: Beginning Date:	Tober 15, 2021 Ending Date: November +, 2021		
Гуре of R	eport: (Check one)			
8th day j	preceding preliminary 8th day preceding election	30 day after election year-end report dissolution		
The	omas R. Pegse			
Candidate Full Name (if applicable)  Smith Vocational Trustee  Office Sought and District		Committee Name  Name of Committee Treasurer		
E-mail: +1	-P1812 @ aol. Com	E-mail:		
Phone # (optional): 413 - 478 - 1125		Phone # (optional):		
	SUMMARY BALAN	ICE INFORMATION: NOV 1 5 2021		
	Line 1: Ending Balance from previous report	-O- CITY CLERKS OFFICE		
FINE STATE	Line 2: Total receipts this period (page 3, line 11	ANORTHAMPTON MA 01060		
	Line 3: Subtotal (line 1 plus line 2)			
	Line 4: Total expenditures this period (page 5, li	line 14) \$600.00		
	Line 5: Ending Balance (line 3 minus line 4)	-0-		
	Line 6: Total in-kind contributions this period (p	page 6)		
	Line 7: Total (all) outstanding liabilities (page 7)	7)		
	Line 8: Name of bank(s) used:	Bank		
certify that I hat tivity, includinance activity	ing all contributions, loans, receipts, expenditures, disbursements, in-kind of all persons acting under the authority or on behalf of this committee in	Date		
9	the penalties of perjury:	(Treasurer's signature)		
Candidate I certify the activity, of		the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions,		
Candidate  I certify the finance act	e without Committee at I have examined this report including attached schedules and it is, to the	the best of my knowledge and belief, a true and complete statement of all campaign nts, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.		
gned under t	the penalties of perjury:	(Candidate's signature) Date: //- /2 -202/		

## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10-26-2021	Daily Hampshire Gazette	Conz Street Northampton MA	advertising	\$ 600,00
	,			
		Line 12: Expenditures over \$5	50 (or listed above)	
		Line 13: Expenditures \$50 and	l under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	\$600.00

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
- Ca of			
10 - 18-2031	Thomas R. lease 130 Spring Street Florence MA 01062	#600,-	1812 faint + Body Body Shop Consultant - Body Shop
	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)  ECEIPTS IN THE PERIOD		el

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.